

COMMISSIONER FOR PATENTS
Mail Stop Patent Application
P.O. Box 1450
Alexandria, VA 22313-1450

PATENT APPLICATION
Date: July 23, 2003
File No. 2312.67544

Sir:

Transmitted herewith for filing is the patent application of
Inventor(s): McKendry et al.

I hereby certify that this paper is being deposited with the United States Postal Service as EXPRESS MAIL in an envelope addressed to: Mail Stop PATENT APPLICATION, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this date.

For: ADAPTER FOR HUMAN BREAST PUMPS

July 23, 2003
Date

David Caron
Express Mail Label No.: EV032730893US

Enclosed are:

- (X) 11 pages of specification, including 7 claims and an abstract.
- (X) an executed oath or declaration, with power of attorney.
- () an unexecuted oath or declaration, with power of attorney.
- (X) 7 sheet(s) of informal drawing(s).
- () sheet(s) of formal drawings(s).
- (X) Assignment(s) of the invention to L. JASON CLUTE and Assignment Cover Sheet.
- (X) A check in the amount of \$ 40.00 to cover the fee for recording the assignment(s).
- () Information Disclosure Statement, Form PTO-1449 and cited references.
- () Claim for Priority and Priority Document.

16235 U.S. PTO
10/625246
07/23/03

Fee Calculation For Claims As Filed

- | | | | | | | |
|--------------------------------------|---|---|----|---|----------|-----------------------------------|
| a) Basic Fee | | | | | | \$ 750.00 |
| b) Independent Claims | <u>1</u> | - | 3 | = | <u>0</u> | x \$ 84.00 = \$ |
| c) Total Claims | <u>7</u> | - | 20 | = | <u>0</u> | x \$ 18.00 = \$ |
| d) Fee for Multiple Dependent Claims | | | | | | \$ 280.00 = \$ |
| | | | | | | Total Filing Fee \$ <u>750.00</u> |
| (X) | Applicant(s) qualifies as a Small Entity, reducing Filing Fee by half to | | | | | \$ <u>375.00</u> |
| (X) | A check in the amount of \$ <u>375.00</u> to cover the filing fee is enclosed. | | | | | |
| () | Charge \$ _____ to Deposit Account No. 07-2069. | | | | | |
| () | Other _____ | | | | | |
| () | The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 C.F.R. §§1.16-1.17, or credit any overpayment, to Deposit Account No. 07-2069. A duplicate copy of this sheet is enclosed. | | | | | |

Respectfully submitted,

300 South Wacker Drive – Suite 2500
Chicago, Illinois 60606
Telephone: (312) 360-0080
Facsimile: (312) 360-9315
Customer Number 24978

GREER, BURNS & CRAIN, LTD.

By: *James K. Folker*
James K. Folker
Registration No. 37,538